

X Walker – Event Day Registration – If more than one individual is living at the same address, please list. Parents may sign the Waiver for Minors. Please Print!

Office Use Only-Please
indicate if shirts are
needed

Walker#1 _____ Gender _____ Age _____ Bib# _____

Walker#2 _____ Gender _____ Age _____ Bib# _____

Walker#3 _____ Gender _____ Age _____ Bib# _____

Walker#4 _____ Gender _____ Age _____ Bib# _____

Walker#5 _____ Gender _____ Age _____ Bib# _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____ Email _____

I would like to walk with Team _____

Do any of the Walker(s) listed above has (have) lupus? # _____ Family Member has lupus? # _____

Friend has lupus? # _____

Amt Paid: \$ _____ ☐ Cash ☐ Check (list check # _____)

or please charge my credit card: ☐ MC ☐ Visa ☐ Amex

Name as it Appears on Card _____

Acct # _____ Expiration Date _____ / _____

Security Code (REQUIRED TO PROCESS) _____

(Visa/MC is 3 digits on back of card; AMEX is 4 digits on front of card)

Billing Address if different than above _____

WAIVER: I, the undersigned, for myself, my heirs, and executors, in consideration of any participation in the Lupus Loop/ Walk for Lupus Now, hereafter called the event, hereby release and hold harmless the Lupus Foundation of America, Philadelphia Tri-State Chapter, Inc., and others connected with this event, including sponsors, municipalities, employees, volunteers, or agents collectively called the event group, from any and all claims for damages or injuries which I may suffer in connection with the event. I give my consent for the event group to use my name, likeness, voice, or biographical information and any photos, recordings, or video tapes or any other publicity including me at the event.

Primary Signature _____ Date _____
(Parent/Guardian if entrant(s) is/are under age 18)

Secondary Signature _____ Date _____
(For any Walker age 18 or older)